

**IMMEDIATE RELEASE**

April 19, 2013

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## **Governor Brownback recommends KanCare ‘Dividend’ help reduce waiting lists and expand KU Med Center**

**Topeka**— Kansas Governor Sam Brownback announced Friday he will recommend a portion of “KanCare dividends” projected by reforming Medicaid should be used in part to reduce the waiting lists for Home and Community Based Service (HCBS) waivers for people with physical and developmental disabilities and to expand the University of Kansas Medical Center to train more doctors and nurses.

“These are the kinds of opportunities you get when you commit to sound policy that provides better health care for our most vulnerable, and does so in a sustainable way,” Governor Brownback said. “You don’t have to spend more to get more.”

Brownback tasked Lt. Governor Jeff Colyer in 2011 to lead the administration’s effort to overhaul the state’s Medicaid system, now known as KanCare. The coordination of health care through KanCare for Medicaid beneficiaries has been estimated to save about \$1 billion during the next five years.

However, based upon experience to date, new human services caseload estimates made by the Brownback Administration and the Kansas Legislative Research Department through FY 2015 project savings will be greater than previously budgeted. The April 2013 consensus caseloads estimates show a combined decrease in State General Funds expenditures of \$67.8 million, and \$129.5 million all funds, for the remainder of FY 2013 combined with FY 2014 and 2015.

Lt. Governor Colyer said the new consensus caseload estimates are a good indicator of the fiscal benefits of an integrated care model.

“The estimates from today are very encouraging,” Lt. Governor Colyer said. “When a system has the ability to coordinate across all spectrums of behavioral, medical and long-term care, and the financial incentives are aligned to promote quality of care over quantity of services, taxpayers and consumers will see marked benefit.”

The Division of Budget, Department of Children and Families, Department of Health and Environment, Department for Aging and Disability Services, and Juvenile Justice Authority met with legislative research on Wednesday to revise estimates on human services caseload expenditures for FY 2013, FY 2014 and FY 2015.

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